

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/890306

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3		1					53	1					
4		1					54		1				
5		1					55		1				
6		1					56		1				
7		1					57		1				
8		1					58		1				
9		1					59		1				
10		1					60		1				
11		1					61		1				
12		1					62		1				
13		1					63		1				
14	1						64		1				
15		1					65		1				
16		1					66		1				
17		1					67		1				
18		1					68		1				
19		1					69		1				
20		1					70		1				
21		1					71		1				
22		1					72		1				
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27		1					77						
28	1						78						
29		1					79						
30		1					80						
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37		1					87						
38		1					88						
39		1					89						
40		1					90						
41	1						91						
42		1					92						
43		1					93						
44	1						94						
45		1					95						
46		1					96						
47		1					97						
48	1						98						
49		1					99						
50		1					100						
TOTAL							TOTAL						
TOTAL							TOTAL						
TOTAL							TOTAL						
CLAIMS							CLAIMS						